"Shaping a more livable High Point"

PLANNING AND DEVELOPMENT DEPARTMENT DEVELOPMENT SERVICES DIVISION CITY OF HIGH POINT NORTH CAROLINA

Staff Use Only Filing Date:
File No.:
Payment:
Response Date:

ZONING CONFIRMATION REQUEST
Please complete all items below, sign and date where indicated, and return or mail the completed form along with a check for \$25.00 made payabl to the City of High Point to: City of High Point, Department of Planning and Development, P.O. Box 230, 211 S. Hamilton Street, High Point, No 27261-0230.
Property Street Address:
Property Tax Parcel Number: Map # Block # Parcel #
Describe in detail the land use or development currently located on this property (if any), or proposed to be located on thi property. List and number any specific zoning or land use questions pertaining to this property you would like answered (ATTACH A SEPARATE SHEET TO THIS FORM IF NECESSARY)
Note SIC # of existing or proposed use (if known)
Name of person requesting information:
Daytime Phone: ()
Mailing address for response:
I hereby request the City of High Point Department of Planning and Development to research its public records and provide land use information regarding this property. I understand that if I do not provide complete information as requested, the Department may be unable to provide a complete confirmation of zoning or provide complete answers to my questions. I further understand that the zoning confirmation response I will receive does no constitute a permit for building or development, nor does it guarantee the procurement of any such permit, no does it authorize the occupancy of any building or property SIGNATURE DATE
DAIT UKE